

# DSS

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*Serving Children and Families*

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STATE DIRECTOR

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GOVERNOR

## REFERENCE LETTER FOR FOSTER/ADOPTIVE APPLICANT

Date: \_\_\_\_\_

Dear \_\_\_\_\_ :

You have been identified as a reference for \_\_\_\_\_  
who is/are applying for foster care/adoption. We would appreciate your providing the following  
information. Please use additional sheets if needed.

How long have you known applicant(s)? \_\_\_\_\_

In what capacity have you known applicant(s), e.g. neighbor, friend? \_\_\_\_\_

\_\_\_\_\_

How often do you visit with/have contact with applicant(s)? \_\_\_\_\_

Describe the home environment of applicant(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe each applicant's personal qualities, characteristics and strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DSS Form 1571 (MAY 07) Edition of OCT 03 is obsolete.

Describe each applicant's current and/or potential functioning as a parent: \_\_\_\_\_

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Additional comments: (include any information which would be helpful in making the decision to place child(ren) with this family)

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Completed

Return to:

\_\_\_\_\_  
Worker

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Telephone